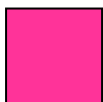


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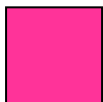


Acknowledgements

Healthwatch Isle of Wight would like to express its thanks to everyone who contributed or supplied information for this piece of work on Child & Adolescent Mental Health Services.

- The 29 young people and 25 adults who took part in the local discussion groups and online survey
- The individuals who contributed to the planning and delivery of the discussion groups, along with the organisations who provided discussion venues or whose staff supported participants in their involvement.
- Staff of the Isle of Wight NHS Trust and a range of other local provider organisations are thanked for providing information and updates on local services. This has helped in giving an informed background to this piece of work.
- A range of organisations across the I.W. and the U.K. assisted in identifying examples of good practice, and these are also thanked.

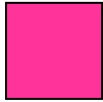
Healthwatch Isle of Wight looks forward to working positively with all the above and other partners in achieving the progress recommended in this report.



1 Summary

This section gives a short version of the whole report

- 1.1 The Isle of Wight Local Involvement Network (LINK) set up a workplan group in October 2012 to look at mental health support for local children and young people. This was continued by Healthwatch Isle of Wight from April 2013.
- 1.2 The workplan group set up five discussion groups with young people to ask their views, followed by one discussion group with parents and family carers. An online survey was also completed by paid workers.
- 1.3 The themes that came up in the discussion groups and survey are outlined in a Supplement going alongside this Report.
- 1.4 The discussions and survey showed a strong fear amongst young people about others knowing if they asked for emotional help. There is much work to do in reducing stigma.
- 1.5 Young people and families were clear that they did not want to be judged when asking for help and that there should be a greater role for self-help and peer support.
- 1.6 Discussion groups identified a need for greater consistency within and between NHS services, and more straightforward access at times of crisis.
- 1.7 More realistic help is required at times of transition in the lives of children and young people, especially between the different levels of education.
- 1.8 The above themes were used to write the recommendations Healthwatch Isle of Wight has made in this Report.



2 Introduction

This section explains what Healthwatch I.W. is and why this piece of work was done on Child & Adolescent Mental Health

- 2.1 Healthwatch Isle of Wight is an independent local “watchdog” and signposting service that works with decision-makers and service providers to help improve health and social care services on the Island. It was formed in April 2013.
- 2.2 Healthwatch I.W. keeps track of feedback from members of the public about NHS funded services and social care for people of all ages. We speak and listen to a wide range of people to get a broad picture of local experiences.
- 2.3 This work on Child & Adolescent Mental Health was begun by the I.W. Local Involvement Network (LiNK) - the Island’s previous “watchdog” body - and has been continued by Healthwatch I.W.
- 2.4 In May 2012 the I.W. LiNK held a prioritisation workshop for participants, looking at all feedback topics from the past year. Child & Adolescent Mental Health was decided as one of the top five priorities. A public survey indicated this should be the one to concentrate on first.
- 2.5 A LiNK workplan group started meeting in October 2012, which was briefed on the latest changes to Child & Adolescent Mental Health services, and set some initial themes to be looked at further.
- 2.6 The workplan group decided to arrange a series of discussion groups, five with local young people and one with parents and family carers. An online survey was also sent to children and young people’s workers.
- 2.7 The material from the discussion groups and the survey, forms the basis of this report’s conclusions and recommendations.



3 Background

This section gives an outline of some of the other reports looking at Child & Adolescent Mental Health over the last few years

- 3.1 Child and Adolescent Mental Health Services (or CAMHS) in the U.K are based around principles first outlined in an NHS document called Together We Stand (1995)¹.

• Accessibility - overcoming unequal provision, making services local
• Multi-disciplinary approaches suited to child; staff advise each other
• Comprehensiveness - geared to need, not individual staff interests
• Integration of disciplines, agencies and service tiers
• Accountability to ensure proper management responsibility
• Development and Change , with strategies to support effective work

Figure 1 - Key Principles from “Together We Stand” 1995

- 3.2 Together We Stand introduced a four-tier model for Child and Adolescent Mental Health. It included every service for children and young people, as all have a part to play in supporting good mental health. This model has since been widely adopted, and is the basis of Isle of Wight provision.

• Tier 1 - All non-specialist services e.g. schools, clubs, GP practices
• Tier 2 - Specialist services in everyday settings
• Tier 3 - Specialist services in an outpatient clinic (Pyle St, Newport)
• Tier 4 - Highly specialist services, generally in a residential setting*

Figure 2 - Four-Tier Model from “Together We Stand” 1995

- *NOTE: For Isle of Wight residents, Tier 4 services are usually provided at Leigh House in Winchester*

- 3.2 The National Service Framework for Children, Young People and Maternity Services (2004)² contained eleven standards, all of which supported good mental health. A progress report written in 2006 identified areas to focus on in creating comprehensive local CAMHS.

- 3.3 In 2010 there was a recognition that CAMHS on the Isle of Wight needed significant change. A joint CQC and Ofsted report³ highlighted the need for better early intervention and improved support for children & young people admitted to hospital for a mental health reason.
- 3.4 Plans to improve services were outlined by NHS Commissioners in 2010, through a Commissioning Strategy⁴ and an Implementation Plan for NHS Community CAMHS.⁵
- 3.5 By autumn 2012, additional Primary Mental Health Workers had been employed to provide advice to Tier 1 staff and to assist in early intervention.
- 3.6 By the end of 2012, the fabric of the Community CAMHS clinic's building was upgraded, and organisational changes made to provide a better service. A Mystery Shopper exercise by local group Check-it-Out later led to the clinic gaining You're Welcome Accreditation.⁶
- 3.7 By early 2013 emergency beds had been provided at the Children's Ward, St Mary's Hospital with separate access. The aim was to give a more appropriate setting than before for children and young people in mental health crisis.
- 3.8 Given these improvements the workplan group's task was seen as enabling children, young people and families to identify the most important next steps to support good mental health, especially to those most in need of help.
- 3.9 It is known nationally that those who have experienced change or stress are more vulnerable to mental health problems (including looked after children and young carers) as are those who are seen as different from their peers (including those from a minority ethnic background or who are lesbian, gay, bisexual or transgender) (Children & Young People's Mental Health Coalition, 2010)⁷
- 3.10 Children and young people seen as different to their peers are particularly at risk of bullying, as highlighted by the 2012 "Good Childhood Conversation"⁸ on the Isle of Wight.

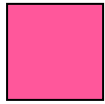
It was found that children who had experienced bullying were found to be three times as likely as their peers to have low life satisfaction, and twice as likely to have a low sense of flourishing. (*"Good Childhood Conversation, 2012"*)



4 Discussions and Survey

This section explains how the Workplan Group found out more about local people's thoughts and experiences

- 4.1 The workplan group consisted of volunteers and paid workers as well as people with past experience of using CAMHS. Between them they had considerable knowledge and contact with vulnerable local children and young people.
- 4.2 Based on current knowledge, the workplan group identified four initial themes for exploration: Access & Information, Gaps in Services, Multi-Agency Working and Transition.
- 4.3 The workplan group decided to set up discussion groups to explore the above themes, along with any others that might emerge. Five of these groups were with local young people, and one with parents and family carers.
- 4.4 An online survey for children and young people's workers also took place. This was structured around the same topic areas as the discussion groups.
- 4.5 The discussion groups with young people were set up through utilising local contacts of members of the workplan group, and facilitated by members of the group who had appropriate skills. Facilitators did not lead groups in settings they worked in themselves.
- 4.6 A topic guide was devised to structure each discussion group. Young people were invited to construct a fictional young person with whom they could identify; parents and paid workers were invited to talk from their direct experience.
- 4.7 The discussions focussed initially on what would help someone in need of emotional support, then around information, experience of services and finally support with moving on.



5 Participants and Partners

This section gives a general outline of who took part in the groups, both as participants and facilitators

- 5.1 Discussion groups were held with young people in two residential settings (the I.W. Foyer and a project run by Southern Housing Group) and another with young people at the Isle of Wight College. A discussion group was held with members of Youth Pride (hosted by I.W. Council) and members of the Y.M.C.A Young Carers Group. The total number of participants was 29 with attendance at each discussion ranged from three to eight.
- 5.2 The discussion group with parents and family carers was advertised locally. There were seven participants in this discussion.
- 5.3 A total of eighteen people responded to the online survey of children and young people's workers.
- 5.4 The total number of participants was therefore 54.
- 5.5 Facilitators were drawn from the following organisations – Barnardos, Seeds4Change, Southern Housing Group, Y.M.C.A, I.W. Street Pastors and Help & Care. I.W. LINK / Healthwatch I.W. volunteers also took part as co-facilitators and note-takers alongside staff from the above organisations.



6 Findings

This section outlines the main topics that came out of the discussion groups and on-line survey

Keeping Good Mental Health

- 6.1 Young people had clear views about what would help keep good mental health, and if an emotional problem did arise, how it would be handled most helpfully.
- 6.2 Young people most often named everyday opportunities such as socialising and talking to friends as the best ways to help with difficult feelings when they were upset.
- 6.3 Maintaining good relationships is well-known as a pre-requisite of good mental health; it is therefore important that any approach to helping children and young people concentrates on helping those most vulnerable to isolation
- 6.4 Isolated children are at greater risk of bullying, which in turn leads to vulnerability to mental health problems. The “Good Childhood Conversation”⁸ highlighted particular issues with self-image amongst girls on the Isle of Wight.

Good Practice Example 1 – Hampshire Police

PICS Programme – Personal Internet & Cyber Safety

This programme is delivered in Hampshire and the Isle of Wight, and is available to any school or community group. It is based around staying safe on the Internet, but includes material on cyber-bullying. The programme has been well-received – and is co-ordinated through Safer Neighbourhoods Teams.

Good Practice Example 2 – I.W. Public Health Department with Community Action I.W.

Youth Mental Health First Aid – Seven two-day courses were delivered in 2012-13 on a train-the-trainer basis. All were over-subscribed and well-received. A wide range of people attended from a variety of sectors and backgrounds. Of the 77 participants, 15 were staff from local schools; of these 12 were from the special educational needs sector, and 3 from mainstream schools.

Stigma of Seeking Help

- 6.5 Those taking part in discussion groups – both young people and parents/carers – painted a powerful picture of stigma when it came to seeking help for an emotional issue.
- 6.6 Young people were very clear about who they would and would not choose to confide in about an emotional problem in an everyday setting.
- 6.7 A non-judgemental approach from the person helping was seen by young people as most important. This mattered more than the role of the worker, though some felt that a teaching assistant may be less judgemental than a teacher. Street pastors were highlighted in one discussion for a non-judgemental approach, and for being unpaid.
- 6.8 Some young people in the discussions expressed reluctance to seek support in school, feeling it would become common knowledge they had an emotional problem and thus be open to bullying. It was highlighted that some current locations in school for students seeking help are in the busiest and most visible areas.
- 6.9 Parents that took part felt matters of mental health are too often hidden away, perpetuating stigma, and that information (for example on the local NHS Trust website) is prone to be sparse and outdated. Mainstreaming the topic on websites and in newsletters was felt to be a positive and realistic idea.

Good Practice Example 3 – See me... Scotland

Resources for school staff - This anti-stigma organisation has a range of training materials emphasising that staff may be the first point of contact for individuals seeking help. It is geared to staff who may feel less confident on this topic. The introductory web-page alerts staff to negative media portrayal of the issues, and young people's possible wariness in seeking help. The importance of a non-judgemental approach is highlighted, as is the need to avoid assumptions, e.g. that unusual behaviours are always to do with seeking attention.

Information about Help

- 6.10 Young people who participated spoke about general sources of awareness on mental health, particularly television programmes. It was felt these could be useful as long as the issues were not handled in too worrying a way.
- 6.11 The response about Internet-based approaches was lukewarm – social networking was only felt to be helpful if it could be done anonymously to avoid stigma. There was varying knowledge about locally-based websites geared towards young people, such as Wight CHYPS.
- 6.12 Phonelines were seen as of limited use; with a fear these could be patronising and impersonal. The most important feature was the possibility of a local contact for follow-up.
- 6.13 Participants favoured information being presented in a bright and bold way and in manageable chunks, whilst making sure there was enough content to be useful.

Good Practice Example 4 – St George's School, I.W. with Eccleston George Public Artists

The Dragon Project - This has created a series of environments around the school in which highlight different sensory features and highlight the importance of well-being and developing a sense of empathy between students. All aspects of the design and construction process also support this aim, and feed into a holistic approach to both learning and emotional well-being.

Appropriate help when needed

- 6.14 Some parents who took part had found difficulty in gaining advice and help at an early stage. A number felt their concerns were not listened to at first, and as problems worsened, they were blamed for inadequate parenting. Parents suggested a range of help, to include play therapy or bereavement counselling where appropriate.

“Helping parents also helps the child or young person – if the parent has more self-confidence this helps the child. If someone doubts her own capacity as a parent this does not help the child...” *Participant in Parent Discussion Group*

- 6.15 Discussions with young people rated counselling as a positive form of help. Some criticised what they saw as a brisk pace and inflexibility on number of sessions – particularly for those who take longer to develop trust in relationships.
- 6.16 Participants felt there was an inconsistent level of provision from professionals working within Community CAMHS. Some parents questioned whether use of a particular theoretical model influenced professionals against giving due weight to the perspective of parents and families.
- 6.17 A concern was identified over children and young people in crisis previously discharged from the Community CAMHS caseload. Parents told us a re-referral and wait were necessary to regain access to services. Some had experience of a crisis intensifying in the meantime.

Good Practice Example 5 – Burton on Trent CAMHS

Patient & Parent Questionnaires - To identify areas of inconsistency of service, South Staffordshire & Shropshire Healthcare NHS Trust developed a patient survey based on a model developed by the former Healthcare Commission. As a result, the need for improvement were noted and acted on with regard to appointment times, length of wait, and quality of environment in the waiting area.

Working Together

- 6.18 Young people who participated generally felt there should be choice on information-sharing when they consulted a professional on emotional issues. For example, some are happy for information to go a G.P. but not to school.
- 6.19 Sometimes however, it was seen as vital for information to be shared between agencies, e.g. a parent admitted to a service with a young person assuming caring responsibilities.
- 6.20 Conflicting messages had been experienced from practitioners in general medicine, with an impact on the well-being of individual children. Examples included a paediatrician whose diagnosis took insufficient account of mental health factors, and an allied health professional who apparently advised against approaching Community CAMHS in case this made the child's problems worse.

Good Practice Example 6 – Self-Help Services

Stress Busters School-based Group - This was commissioned by the former Stockport Primary Care Trust as a computerised cognitive behaviour therapy programme for children aged 10 to 15. It was developed by a team from the Institute of Psychiatry at Kings College London and Central Manchester University Hospitals NHS Foundation Trust. It was aimed at the estimated 10% of school students living with stress in this phase of their school life, when a series of changes and challenges are faced.

Self-Help and Peer Support

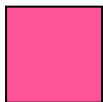
- 6.21 Young people who took part spoke of the usefulness of speaking to someone who had been through similar experiences. Peer support amongst young people was suggested as a positive and credible approach.
- 6.22 Parents who took part felt that support for families needed more emphasis. Existing provision of parenting courses was not always experienced as helpful. Peer support groups for parents and families would be a welcome development.

Moving on

- 6.22 Young people felt there needed to be more realistic preparation for what they described as a “chaotic” environment found on entering secondary school. The idea of a “buddying” system was suggested, to help children adjust.
- 6.23 The discussion with parents suggested that preparation for the move away from community CAMHS provision was not always dealt with in the considered way it is meant to on paper. Communication had been felt to be insufficient.

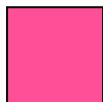
Good Practice Example 7 – Mentoring & Befriending Foundation (MBF)

Peer Mentoring Projects – Following the successful example of Tanfield School in the early 2000’s, MBF co-ordinated 180 Peer Mentoring pilot schemes across England. Each scheme had a specific focus, of which the primary to secondary transition was one. The Ellesmere Port Specialist School of Performing Arts developed an approach where all students would be mentored, to avoid singling out the most vulnerable. Initial contact was made whilst students were still in primary schools, to help with preparation for the move.



7 Conclusions

- 7.1 There is much work still to do to reduce the stigma around mental health in all settings for children and young people.
- 7.2 More consistent levels of staff training and supervision are needed in everyday settings, to help reduce the risk of isolation and bullying.
- 7.3 The importance of a non-judgemental approach towards children, young people and their families was highlighted across all discussions and surveys.
- 7.4 The tone of information on mental health needs to be judged carefully, with the correct balance struck between sufficiency and clarity.
- 7.5 Specialist support is not always available in a consistent and timely way. This applies to early intervention and access to crisis support to those previously discharged by Community CAMHS.
- 7.6 Communication is not always good between professionals in general medicine and Community CAMHS, and awareness of mental health issues is not always high in children's health services.
- 7.7 Development of self-help and peer support is a significant area for attention, both amongst young people and with families.
- 7.8 Transitions between tiers of education and from CAMHS to adult services need better communication and support.
- 7.9 Many examples were identified locally and nationally where good practice is achieved by the voluntary & community sector and statutory agencies working together which could be replicated or built on.



8 Recommendations

Recommendation 1

You said: “We want to keep emotional problems secret, as mental health issues are seen as a weakness, and could lead to bullying”

We recommend: Getting mental health issues talked about in communities and schools, so that it becomes part of everyday life. Ensure that the topic is included in school newsletters and websites.

Recommendation 2

You said: “We want to be able to choose who we speak to about emotional problems – it needs to be someone who is not judgemental”

We recommend: A range of choices of setting for emotional help, clearly communicated to children and young people, with school and other support staff having high-quality practical training, such as Mental Health First Aid.

Recommendation 3

You said: “There is a lack of consistency, both within Community CAMHS, and between them and general health service”

We recommend: That a patient and parent survey with accompanying audit is carried out by Community CAMHS in the next six months to:

- Identify and address inconsistencies of provision within Community CAMHS
- Identify ways to enhance multi-disciplinary awareness of Community CAMHS services

Recommendation 4

You said: “Quicker access to help is needed at times of crisis. This should include previous service users who had made progress and been discharged”.

We recommend: An immediate review of the CAMHS protocols to ensure the prevention of relapse, particularly for those who have already used services.

Recommendation 5

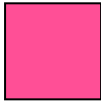
You said: “We want to talk to people who have been through the same things as us”

We recommend: A focus on commissioning separate self-help groups and peer-support networks for children, young people and adults, with support to develop these into safe environments to share experiences and move on (such as the example from Stockport).

Recommendation 6

You said: “In order to prepare to move between schools we need support to understand what it’s really like”

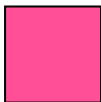
We recommend: We should learn from the good practice in other areas and make sure all young people have access to a credible peer support system, such as the model used in Ellesmere Port as part of the national pilot supported by MBF.



9 Involvement

This section explains how Healthwatch I.W. is involving children, young people and families in its work on Child & Adolescent Mental Health

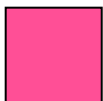
- 9.1 A contact form was distributed to people taking part in the discussion groups. This gave the opportunity to keep in touch on what is done in response to comments.
- 9.2 All children, young people and families with an interest in this topic are welcome to be at the launch of this report on 4th July 2013.
- 9.3 Further feedback on service user experience is always welcomed by Healthwatch I.W. especially to help keep track of progress on the recommendations in this report.



10 Review

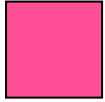
This section says what Healthwatch I.W. will do to keep track of changes made in response to this report

- 10.1 In January 2014 Healthwatch Isle of Wight will review progress on the areas outlined in each of the six recommendations in this report.



References

- 1 Together we Stand: Commissioning, Role & Management of Child and Adolescent Mental Health Services – NHS Health Advisory Service Thematic Review, 1995
- 2 National Service Framework for Children, Young People and Maternity Services – Department of Health and Department for Education & Skills, 2004
- 2 Inspection of Safeguarding and Looked After Children's Services, Isle of Wight – CQC and Ofsted, 2010
- 4 Commissioning Investments in Community CAMHS - NHS Isle of Wight, 2010
- 5 Community CAMHS Implementation Plan – NHS Isle of Wight 2010
- 6 Quality Criteria for Young People Friendly Services - Department of Health, 2011
- 7 Children, Young People and Mental Health: The Policy, The Progress Made, and the Challenges – Children and Young People's Mental Health Coalition, 2010
- 8 Isle of Wight Survey of Children & Young People – The Children's Society, in partnership with the I.W. Council, 2012



Names & Initials Explained

<i>Initials</i>	<i>Name</i>	<i>Explanation</i>
CAMHS	Child & Adolescent Mental Health Services	All services that are concerned with the mental health of children and young people, whether specialist or general
Community CAMHS	Community Child & Adolescent Mental Health Services	Specialist NHS team providing advice or services in an everyday setting, and at a specialist clinic
	Commissioners	The public service organisations or departments that decide what services will be funded, and how much money will be spent on them
CQC	Care Quality Commission	Independent regulator for health and social care services in England
Ofsted	Office for Standards in Education, Children's Services & Skills	Inspection body for services in England that care for children or young people, and for education settings for people of any age
PMHW	Primary Mental Health Worker	Members of the Community CAMHS Team that provide support and advice to those working with children and young people in non-specialist settings
Wight CHYPS	Wight Children & Young People's Services	Website giving information and contact details for a wide range of local services



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